



Maricopa County

Department of Public Health

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Dear Colleagues,

I'm past due to give you an update on H1N1 flu vaccine. Bottom line: the supply is beginning to loosen up a little. If you're short on time, I'm putting the highlights below:

- Nearly half of the vaccine we've been allowed to order for you has been allocated within the past couple of weeks, but most of that hasn't yet been delivered, we don't think.
- All Ob/Gyn, Pediatrics, Family Practice and Internal Medicine (including subspecialties) practices have been allocated vaccine as of this week. If you are in one of these practices and haven't received vaccine by November 20th, please call 602-747-7111.
- We are now expanding the target populations to vaccinate to include all children and young adults up to age 25 and adults up to age 65 with chronic health conditions (pregnant women, contacts of infants < 6months and healthcare workers remain in the priority group to vaccinate). This is what the original ACIP guidelines call for. If you have higher risk patients within these groups, by all means you may continue to prioritize them within your practice.
- Outpatient docs who want to vaccinate their healthcare workers can either
 - Send a representative to a participating Safeway Pharmacy http://www.maricopa.gov/Public_Health/HotTopics/h1n1flu/resources.aspx to pick up vaccine (you need to send a copy of your medical license with them and bring your own cooler to expedite the process) OR
 - Send your employees to the participating Safeway pharmacies to get vaccinated (this is ideal for docs who are not accustomed to providing vaccine)
 - For those providers who have **more than 50 HCW's to be vaccinated please call 602-747-7111 to have vaccine delivered to you from the warehouse.**
- Hospitals that chose not to vaccinate with LAIV earlier and that now wish to reconsider can **call 602-747-7111 to tell us how much you can use.**
- Tamiflu from the SNS is available at Basha's pharmacies – patients will not be charged.

Attached is our latest allocation summary report.

http://www.maricopa.gov/Public_Health/HotTopics/h1n1flu/resources.aspx

Significantly, all registered family practice docs have been allocated at least some vaccine, and you should get it shortly. In addition, internal medicine docs, many of whom have large numbers of adults with underlying health care conditions, have been allocated vaccine this week. We also continue to resupply pediatricians and obstetricians, although I know it's not coming as fast as most of you could use it.

HCWs and LAIV

We knew that there would be some misunderstanding and concern among some health care workers regarding the live attenuated vaccine (LAIV). What I hadn't anticipated were the few hospitals that would refuse to accept it as an institution. At first, before we realized how slowly

the vaccine was coming out, I thought that would cause a few weeks' delay in protecting some hospital-based HCWs. Instead, it's been much worse.

We've only been able to add a smaller allocation of injectable vaccine to hospitals, for those who could not take the LAIV due to age or underlying health conditions. This means that those hospitals that refused to use the LAIV have not yet protected the majority of their workers. Even worse, they are using the more scarce injectable vaccine on employees who could have been protected with LAIV.

So I'm now faced with an unfortunate decision. Do I take injectable vaccine away from those who cannot avail themselves of LAIV (pregnant women and children and others with underlying conditions) in order to give it to hospitals for HCWs who could have used the LAIV in the first place? Or do I protect those first who need the injectable vaccine, but leave some critical HCWs unprotected?

LAIV is not the first choice of some facilities, but we took extensive steps to counter the misinformation that it was not appropriate for health care settings. These efforts included my letter to all hospital health care workers in the county that was distributed through the Arizona Hospital and Healthcare Association on October 5 (find it here: http://www.maricopa.gov/Public_Health/HotTopics/h1n1flu/resources.aspx)

The only health care workers who are otherwise eligible for this vaccine who should avoid it are those working directly with the most severely compromised patients, such as bone marrow transplant patients while they are in protective isolation. The Centers for Disease Control and Prevention considers the vaccine appropriate for immunizing healthy individuals aged 2 to 49 years of age, including healthcare workers. Per the CDC's Morbidity and Mortality Weekly Report July 31st, 2009 (issue 58) <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5808a1.htm> "Healthy HCP [healthcare personnel] and persons aged 2--49 years who are contacts of persons in these groups and who are not contacts of severely immunosuppressed persons [...] should receive either LAIV or TIV when indicated or requested." "Severely immunosuppressed persons" is further clarified as those patients "requiring a protected environment," which include bone marrow transplant and profoundly neutropenic patients requiring isolation.

So here's the rub. I am appealing to any institution that initially refused to accept LAIV for their workers, to let us supply you with it now. If you are on staff at one of these hospitals, please do what you can to explain the safety of LAIV. **The hospital may call 602-747-7111 and tell us how much it can use.**

Vaccine for Outpatient HCWs

As noted above, vaccine is available for outpatient HCWs at Safeway pharmacies (and at other pharmacies soon). It's not enough for all yet, but we'll keep resupplying it as we go. Simply follow the instructions shown in the bullet points at the top of this letter. A list of participating pharmacies can be found at http://www.maricopa.gov/Public_Health/HotTopics/h1n1flu/resources.aspx

School-Based Immunization

I must be doing a lousy job of explaining this, because I keep fielding questions and complaints. Let me try this another way; **First, why schools?** Our strategy from the beginning was that in order to cut the 2nd wave of the epidemic short, and to mitigate or possibly even prevent the expected 3rd wave of the epidemic, we'd have to build a significant "herd effect," by immunizing

most of those who spread the flu the most – children. And the only way to vaccinate the vast majority of children is to do it where you have them all together – in the schools.

As the vaccine rolled out more slowly than expected, we wisely postponed the school-based immunizations in favor of trying to push the vaccine toward kids at highest risk – those younger than school age and those with underlying health conditions, by supplying pediatricians, and later family practitioners and WIC clinics. We delayed the start of the school-based program by more than 2 weeks.

But we ran out of time. If we want to preclude a 3rd wave of the epidemic, we really need to complete our school-based vaccinations before schools dismiss for winter break. In order to do that for 752 public schools, including twice for the elementary schools so we can get two doses delivered to those < 10 yrs of age, plus all the charter and private schools that we can reach, we couldn't wait any longer. We had to start this week. So we are diverting no more than what we think we need for the next week's school-based clinics even as we continue to try to supply the rest of you.

School-based programs have received only LAIV and multi-dose vials to perform this task, by the way, saving whatever pre-filled syringes we have for health care providers.

OK, so why does Mollen Immunization Clinics get so much? Frankly, it was the only entity to step up and do this. Last summer we posted an RFP for mass immunizers who wanted to work with us in various settings, including schools, to give H1N1 flu vaccine. Why did we do this? Private providers (such as most of you) are allowed to bill an administration fee for the vaccine, and able to turn away a patient who can't pay. We knew that absolutely wouldn't do for our schools or other mass sites. So we offered to partially offset the cost of administration for the uninsured (\$8 or less, depending on available funding), in return for the agreement to turn no one away.

We got applications from and have contracts with 4 mass immunizers who want to participate in some settings, but only 1 of them wanted to do schools. Mollen approached every school district and many other schools in the valley, and arranged to provide the vaccine. Some schools chose other options – the City of Mesa is doing their own schools, at least some Scottsdale schools are using Scottsdale Health Care, and a few have made other arrangements.

So the vaccine we're sending to Mollen or Mesa or Scottsdale Health Care isn't for their use as they see fit. **It's for school kids.** Since Mollen is the biggest, it's getting most of it. But given the high rate of uninsured and underinsured, and the possibility that some of the insurance info won't be complete, Mollen is taking an enormous financial risk to do this. In fact, when we got the first shipment of vaccine for the schools more than a week before we started them, we asked him to give it back and to help us (and CIGNA and Scottsdale Health Care) do that one-day high-risk-only clinic for people who didn't have a provider with the vaccine back on Saturday, Oct 24th, 2009. The bottom line is, we couldn't possibly vaccinate in the schools by ourselves. And we would have worked with any mass immunizer who wanted to try it. But Mollen, Mesa and Scottsdale Health Care are helping us to get it done.

Republic Article

The article in the Republic that I'd mentioned in my last email came out on Sunday, November 1, 2009

<http://www.azcentral.com/arizonarepublic/news/articles/2009/11/01/20091101fludistribute.html>.

True to her word, the reporter did not release any personally identifying information about any of our enrolled providers.

Oseltamivir

We have also partnered with Bashas to distribute Strategic National Stockpile (SNS) supplies of Oseltamivir (Tamiflu) capsules in 75mg, 45mg and 30mg strengths in each of their pharmacies in Maricopa County. The Bashas locations can be found at http://www.maricopa.gov/Public_Health/HotTopics/h1n1flu/resources.aspx

No Oral Suspension is available but Pharmacists at each of these pharmacies will compound the Tamiflu capsules into suspension if needed.

All prescriptions filled from SNS stock will be provided at no cost to the patient.

Mea culpas

We've made a few mistakes along the way. It was perhaps inevitable with a new operation this complex.

Due to a decimal point error between us and our shipper, we sent a couple of practices 10 times what we'd intended. We got the left-over back and have redistributed it.

A few providers, for reasons we haven't yet figured out, never made it to our list of enrolled providers that we received from the State. As soon as we've found out about you, we've back-tracked and ordered vaccine for each of you, but it makes me worry that we may still be missing someone. So we're desperately trying to figure out the source of the error so we can find any others. My sincere apologies. No one has been excluded on purpose.

Finally, one error that got a lot of attention (and resulted in a lot of complaints to me): Early on, shortly after we supplied hospital health care workers, we felt that urgent care center staff were probably as exposed as hospital ED staff, and as crucial to taking care of lots of sick patients.

Knowing that urgent care centers typically have large numbers of rotating employees, we made the decision to allocate 100 doses to each urgent care center in the county. Somehow that order got misunderstood, and a particular walk-in clinic at a particular pharmacy chain received 100 doses each (while ~20 urgent care centers did without as a result).

We didn't figure this out for awhile. That limited supply of vaccine is probably long gone, and I know that it probably didn't go to patients at as high a priority as the HCWs for which it had been intended. In the scheme of things, it's not a huge amount of vaccine (~2,000 doses total), but given how desperate some of your high-risk patients are, I truly regret that error.

We have worked with the ASU WP Carey School of Business to develop software and an algorithm that keeps us on track and helps to keep us from overlooking some of you. It's been very helpful, and I hope most errors are behind us, but this is ultimately a human system.

Fallout

OK, all of the decisions we've made have had no good answers. Children vs. pregnant women, HCWs vs. high-risk patients, build a herd effect to slow transmission vs. protect more high-risk individuals, supply larger private practices with the volumes that they could move vs. get small amounts to all providers, have public sites for those persons who don't have providers vs. supply providers who know their patients best. Every decision to allocate the vaccine to someone hurts someone else.

The responsibility for all these decisions is ultimately mine.

I have received angry complaints from many of you. I have been accused of being "on the take," of being biased against providers of certain ethnic backgrounds, of being biased against certain specialties, of being insensitive to the needs of certain types of patients, or of showing favoritism toward my "dinner partners." Providers have sworn to report me to the Governor, to the Congress, and even to Rush Limbaugh!

I honestly do understand the frustration and I respect your loyalty to your patients. You absolutely should put them first. When this is all over, you may judge the job we did by any standards you choose. But please do understand, we're doing this honestly and making the decisions we must without bias, favoritism, or graft of any kind. I've been as open about this process as I possibly can be, and more than any other jurisdiction that I've seen. I'll do my best to continue to do so.

You can find all of my past updates here:

http://www.maricopa.gov/Public_Health/HotTopics/h1n1flu/resources.aspx

If you need further information about your order or other issues, the best way to get to us is to call 602-747-7111.

Thank you for your continued patience.

Sincerely,

A handwritten signature in black ink, appearing to read "Bob England, MD".

Bob England, MD, MPH
Director
Maricopa County Department of Public Health